



CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

RECEIVED
STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

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Trinity County
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Please type or print in ink.

12 APR -9 PM 2:38

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Otto Wendy

1. Office, Agency, or Court

Agency Name

Trinity County Board of Supervisors

Division, Board, Department, District, if applicable

District 5

Your Position

Supervisor

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ Multi-County See Attached List

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is
I certify under penalty of perjury under the laws of the State of California that

Date Signed 03-13-2012
(month, day, year)

Signature

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

Wendy Otto

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

NAME OF LENDER* _____

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE _____ % ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

_____ City

☐ Guarantor _____

☐ Other _____
(Describe)

FPPC Form 700 (2008/2009) Sch. C
FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Wendy Otto

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

<p>► NAME OF SOURCE Regional Council of Rural Counties</p> <p>ADDRESS 1215 K Street Suite 1650</p> <p>CITY AND STATE Sacramento, CA 95814</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): 01 / 01 / 11 - 12 / 31 / 11 AMT: \$ 2341.71 <i>(If applicable)</i></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: Travel, motel & meal reimbursement related to volunteer service on Board of Directors</p>	<p>► NAME OF SOURCE PSA 2 Area Agency on Aging</p> <p>ADDRESS P.O. Box 1400</p> <p>CITY AND STATE Yreka, CA 96097</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): 01 / 01 / 11 - 12 / 31 / 11 AMT: \$ 700.00 <i>(If applicable)</i></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: Travel, motel & meals reimbursement related to volunteer service on board of Directors</p>
<p>► NAME OF SOURCE Northern Rural Training & Employment Consortium</p> <p>ADDRESS 525 Wall Street</p> <p>CITY AND STATE Chico, CA</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): 01 / 01 / 11 - 12 / 31 / 11 AMT: \$ 1157.00 <i>(If applicable)</i></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: Travel & supplies reimbursement & stipend related to volunteer service on Board of Directors</p>	<p>► NAME OF SOURCE SCED</p> <p>ADDRESS 499 Hemsted Dr. Suite A</p> <p>CITY AND STATE Redding, CA 96002</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): 01 / 01 / 11 - 12 / 31 / 11 AMT: \$ 88.25 <i>(If applicable)</i></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: Travel & meal reimbursement for volunteer service on Board of Directors</p>

Comments: _____

FORM 700 Statement of Economic Interests
for calendar year 2011

Wendy Otto, Trinity County
Board of Supervisors, District 5

List of agencies

Superior California Economic Development District (SCEDD)
Board member

- Multi-County Jurisdiction of Office
- Siskiyou, Shasta, Modoc, Trinity

Northern Rural Training Economic Consortium (NoRTEC)
Governing Board member

- Joint Powers Authority of Eleven counties
- Butte, Del Norte, Lassen, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama & Trinity

Regional Council of Rural Counties (RCRC)
Primary delegate

- CRHMFA Homebuyers Fund
- California Rural Home Mortgage Finance Corp
- Environmental Services joint Powers Authority

PSA 2 Area Agency on Aging Executive Board

- Joint Powers Authority of Five Counties
- Siskiyou, Shasta, Trinity, Modoc & Lassen

Trinity County First 5 Commission Board of Directors